

Case Number:	CM14-0197705		
Date Assigned:	12/05/2014	Date of Injury:	02/10/2010
Decision Date:	01/28/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female who sustained a work related injury February 10, 2010. The injured worker had stated that due to repetitive work she first started having pain in her right then left knee followed by pain in the neck, upper and lower back, bilateral shoulders, and bilateral elbows. Past history includes left knee surgery in 2010. Primary treating physician's progress report, dated September 5, 2014, documents the injured worker with continued complaints of low back pain and bilateral knee pain rated 8-9/10 and has increased her intake of ibuprofen to tolerate the pain. The treating physician further documents that the injured worker was evaluated by a knee surgeon who recommended total knee replacement (no report on file and unspecified which/both knee). Physical examination reveals bilateral knees very tender, positive for crepitus and range of motion right 5-110 degrees and left 7-130 degrees. Diagnoses include right and left shoulder impingement, sprain thoracic spine, bilateral elbows medial epicondylitis, and bilateral knee Achilles tendonitis. Treatment plan included follow-up with knee surgeon for report, appeal IVF device, continue Ibuprofen, Prilosec and topical compounds, and continue knee braces. On October 17, 2014, physician's progress report reveals continued pain bilateral knees, shoulders, elbows and low back. The right knee lateral joint positive for crepitus with 0-110 degrees painful range of motion. The left knee palpable medial/lateral joint, positive crepitus 2-110 degrees range of motion. Treatment plan included; requests for authorization for urine toxicology, topical medications, refill ibuprofen and Prilosec, IF unit for 6 month rental and continue using knee braces. There are no x-rays or MRI reports present in this case file for review. Work status is documented as remain off work for 30-45 days. According to utilization review performed November 8, 2014, the request for a 6 month rental of an Interferential unit (IF) has been modified to a 1 month rental. Citing MTUS, a one month trial of interferential current stimulation may be appropriate to permit the physician to study the effects

and benefits of the therapy, with evidence of functional improvement, less reported pain and evidence of medication reduction.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Interferential (IF) unit, 6 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS Page(s): 118,119.

Decision rationale: With regard to interferential current stimulation, the MTUS CPMTG states: "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." A one month-trial may be appropriate if there is significant pain from postoperative conditions that limits the ability to perform exercise programs/physical therapy treatment, however, as the request is for 6 months, the request is not medically necessary.